

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		2						
4	1	2						
5	1							
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TOTAL IND.	2							
TOTAL DEP.	14							
TOTAL CLAIMS	16							
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS								